

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10589017

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11		1				
12						
13						
14						
15						
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17						
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20		1				
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48						
49						
50						
TOTAL IND.			↓	↓		↓
TOTAL DEP.		←	2	←		←
TOTAL CLAIMS		[REDACTED]	10	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓	↓		↓
TOTAL DEP.		←	2	←		←
TOTAL CLAIMS		[REDACTED]	10	[REDACTED]		[REDACTED]